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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V39527** **(9)**

1. Corporation Name

HEALTHCARE DEVELOPMENT ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4800 N. FEDERAL HWY. 100D BOCA RATON FL 33431 US	4800 N. FEDERAL HWY. 100D BOCA RATON FL 33431 US

3. Date Incorporated or Qualified: 05/29/1992
3a. Date of Last Report: 01/25/1995

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 65-0336459 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEAL, CECILIA
4800 N. FEDERAL HWY. #100D
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 4800 N. Federal Hwy #D-102

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (Signature, typed or printed name of registered agent and title, if applicable) (Note: Registered Agent's signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEAL, CECILIA 4800 N. FEDERAL HWY. #100D BOCA RATON FL 33431	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	CHAIRMAN CECILIA LEAL 4800 N. FEDERAL HWY, # 100D BOCA RATON, FLORIDA 33431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ONEILL, RUBEN C 4800 N. FEDERAL HWY. #100D BOCA RATON FL 33431	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	~~PRESIDENT~~ ~~STEVEN C. BOYCE~~ ~~4800 N. FEDERAL HWY, #100D~~ ~~BOCA RATON, FL 33431~~	☐ Change ☒ Addition x delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEAL, CRISTINA 4800 N. FEDERAL HWY. #100D BOCA RATON FL 33431	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V.P. SUSAN MACPHERSON 4800 N. FEDERAL HWY, # 100D BOCA RATON, FL 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXVP PAGLIARULD 4800 N.FEDERAL HWY STE 100D BOCA RATON FL 33431	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	600001859096 -06/12/96--01018-~~000~~002 ***225.00	☐ Change ☐ Addition 6/11 JV

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cecilia Leal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-96
Date

750-6065
Daytime Phone #

CR2E034 (12/95)